DBVI-70-006 Revised 12/00

DEPARTMENT FOR THE BLIND AND VISION IMPAIRED FINANCIAL DETERMINATION/REDETERMINATION STATEMENT

Name:			SOURCE GROSS MONTHLY INCOME					
Address:			(1)	(2)	(3)	(4)	(5)	(6)
Customer Case No.:			W A G E S	S S D I	S S I	O A S I	O T H E R	TOTAL AMOUNT
MEMBERS (OF FAMIL	Y UNIT:						
Name	Age	Relationship						
B. TOTAL GROSS M C. HOSPITALIZATI		Y INCOME:					\$	
Name of Company:_					Policy	/ Numbe	r:	
[] Medicare #: (Check appropria under Medicare -	ate block(s							
Other Comparable B	enefits:							

CONTINUED ON BACK

D. LIQUID ASSETS AND ALLOWANCE:	E. MONTHLY INCOME AND ALLOW	
1. Cash +\$	1. Monthly income from B	+ \$
2. Bank Deposits + \$	2. Standard Allowance + \$	
3. Stocks/Bonds + \$	3. Exceptional Allowance:	
4. Other + \$	a. Medical Debts + \$	
5. Total Liquid Assets = \$		
6. Standard Allowance - \$	c. Educational/Family + \$	
7. Surplus = \$	b. Educational/Customer + \$ c. Educational/Family + \$ 4. Total of E2 thru E3c	-\$ =\$
	5. Surplus/Difference (-)	= \$
	•	
any comparable benefit for which I may be en situation. I realize if I knowingly provide incomparable benefit for which I may be entirely and the situation.	ate financial statement. I understand it is my responsibilititled and to inform DBVI within 10 days of any char correct information, I may be subject to legal action.	ges in my financial
(Date)	(Signature: Applicant, Parent, or Guardian)	
	(Signature of Worker Collecting Financial Data)	
G. ELIGIBILITY DETERMINATION:		
1. [] Yes Customer clearly financially eligible	for all services (Worker signs below.)	
[] No Customer algorly financially inclinible	e for all services. (Customer and worker sign below.)	
[] No Customer clearly infancially mengion	e for an services. (Customer and worker sign below.)	
IE DZ FOLIAL ZEDO AND ES CDEATED	THAN ZEDO COMPLETE CA AND CZ	
IF D7 EQUAL ZERO AND E5 GREATER		
IF D7 AND E5 ARE GREATER THAN ZE IF D7 GREATER THAN ZERO AND E5 Z	ZERO, COMPLETE G2, G3, G4, G5, AND G7a ZERO OR LESS, COMPLETE G2, G3, G4, G6, A1	ND C7e or C7b
IF DI GREATER ITIAN ZERO AND EST	EERO OR LESS, COMI LETE G2, G3, G4, G0, A	AD G/a of G/D.
2. Number of months anticipated to complete rel	habilitation plan (12 or less)	
2. Trumber of months underpated to complete fer	G2 . (12 of less)	
3. Liquid Assets and Allowance:	02	
Line D7 divided by	= \$ monthly contribution.	
G2	G3	
4. Monthly Income and Allowance:		
y		
(Enter E5 in G4 monthly contribution space)	= \$ monthly contribution.	
(Enter E5 in G4 monthly contribution space) =	G4	
5. Liquid Assets and Allowance AND Monthly l		
Line G3 plus line G4	= \$ monthly contribution.	
11	= \$ monthly contribution.	
	nd Monthly Income and Allowance Zero Or Less:	
1	•	
Line G3 minus G4	= [] \$ monthly contribution.	
	= [] \$ monthly contribution. - [] Financially eligible	
7. a. [] Now financially eligible with monthly of		
b. [] Now financially eligible. (Customer si		
c. [] The manufacting engineer (editornor of	.g	
(Date) (Signatur	re: Customer, Parent, or Guardian)	

(Date)	(Signature: VR Counselor/Rehabilitation Teacher/ILR)
(Date)	(Signature: VR Counselor/Rehabilitation Teacher/ILR)